

2001 UNIFORM BUSINESS REPORT (UBR)

0020150 AB

FILED
 01 APR 30 PM 5:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B97000000011

1. Entity Name
A & S BUILDING SYSTEMS, L.P.

Principal Place of Business: **OLD HIGHWAY 25-W CARYVILLE TN 37714**
 Mailing Address: **P.O. BOX 53 CARYVILLE TN 37714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **62-1664436**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$99.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE! SEE REVERSE SIDE FOR FEE INFORMATION!

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F96000006790
NAME	NCI OPERATING CORP.
STREET ADDRESS	7301 FAIRVIEW
CITY-ST-ZIP	HOUSTON TX 77041
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>311</i>
CITY-ST-ZIP	<i>311</i>
STREET ADDRESS	900004217849-2
CITY-ST-ZIP	05-15-01-01102-021 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Robert J. Medlock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **Robert J. Medlock**
 Date: **4-27-01** Daytime Phone #: **281-897-7788**

CR2E003 (11/00)